

EARS ELECTRONIC SIGNATURE CERTIFICATION FORM
(ACTIVATE or DEACTIVATE ACCOUNT FORM)

Energy_____ or CSBG_____

FROM:

Agency name: _____

County: _____

Agency Telephone Number: _____

FAX Number: _____

Agency Contact Person: _____

e-Mail Address: _____

Using only BLUE or BLACK Ink, please provide the **first, last name** and **signature** of those individuals authorized to approve CSD's Expenditure Reports. Please limit signature samples to staff currently authorized to sign expenditure reports. **Print this form and apply signatory signatures, then mail it to:**

Department of Community Services and Development
Information Technology Services Unit
700 N. 10th Street, Room 258
Sacramento, CA 95814-0338
Attn: Ray Anthony, Jr.

Note: Please write your signature with-in the box provided.

1. First Name: _____ Last Name: _____

Signature 1

☐ ACTIVATE

☐ DEACTIVATE

2. First Name: _____ Last Name: _____

Signature 2

☐ ACTIVATE

☐ DEACTIVATE

3. First Name: _____ Last Name: _____

Signature 3

☐ ACTIVATE

☐ DEACTIVATE

Director's Signature: _____ Title: _____ Date: _____